

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010023

STATE FILE NUMBER

1106

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Lees Summit Mo. Rt. 4</u> 7009 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u> Length of stay in lb <u>4 DAYS</u> | | d. STREET ADDRESS (If outside, give location) <u>R. R. # 4-Box-385</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | |
|---|-------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>THOMAS</u> Last <u>KING</u> | | | 4. DATE OF DEATH <u>2-27-58</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-18-98</u> | | 9. AGE (In years last birthday) <u>59</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BUSINESS</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>REAL ESTATE</u> | | 11. BIRTHPLACE (City and state or country) <u>BLUE SPRINGS MISSOURI</u> | | |
| 13. FATHER'S NAME <u>THOMAS W. KING</u> | | | 14. MOTHER'S MAIDEN NAME <u>IDA M. MOORE</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u> | | 16. SOCIAL SECURITY NO. <u>486-01-2991</u> | | 17. INFORMANT <u>MRS. PEARL A. KING</u> Address <u>R.R. #4-Box 385 Lees Summit Missouri</u> | | |

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute toxic myocarditis
DUE TO (b) pneumonitis acute
DUE TO (c) H92k

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Diabetes - Portal cirrhosis - acute cholecystitis

19. WAS AUTOPSY PERFORMED? YES NO 1

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I, Section 11 of Item 18.)
and sub-diaphragmatic abscess, part

20c. TIME OF INJURY Hour Month, Day, Year
a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-22-58 to 2-27-58 and last saw him alive on 2-27-58
Death occurred at Lee A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William F. Bell M.D. 22b. ADDRESS Lees Summit, Mo 22c. DATE SIGNED 2-27-58

23a. BURIAL CREMATION REMOVAL (Specify) CORIAL 23b. DATE MAR 7 1958 23c. NAME OF CEMETERY OR CREMATORY BLUE SPRINGS CEMETERY 23d. LOCATION (City, town, or county) (State) BLUE SPRINGS MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 331 BRUSH CREEK KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 3-1-58 26. REGISTRAR'S SIGNATURE Reva Minchell

health, Welfare public service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
William F. Bell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 44

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.